V. S. Mo. 1

1 PLACE OF PEATH	CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Carolines	Registration Dist. No.
Village or City Kendenovna	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Elizabeth B, Clar	derson,
(a) Residence: No. Neukarown.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wite the word)	21. DATE OF DEATH J. Chrusey (Month) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Williams to Auderson	Fibruary 2 1933 to Fibruary 3 1933
6. DATE OF BIRTH (month, day, and year) Ase -15 - 1872	I last saw her Pelive on February 2, 1933; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 4:30 m.
60 / 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade prolession or particular	were as follows:
SAWYER, BODKKEEPER, etc.	Carcura / liver
9 Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	0
year) oscupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) feedlicity	,
13. NAME John Seul	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elyebraly Eastwood 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city er town) (State or country)	Accident, suiside, or homicide? Date of Injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT COMMUN 1, Medilgon,	Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Tenderson, Mac, 18. BURIAL, CREMATION, OR REMOVAL	
Place Lieus trond Date Tib. 7 1933	Manner of injury
PAR	Nature of injury
19. UNDERTAKER A CHURCHER	24. Was disease or injury In ony way related to occupation of deceased?
(Address) Arelicafico ma	If so, specify
20. FILED 33,19 Cleanure Registrar.	(Signed)
If more blanks are needed, address State Registrar.	(Address) Sheefs & No. 1 Marylan

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhaga	July 5,1927	Peritonitis	3 days ago
BERTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

MARGIN RESERVED FOR BINDING V. S. No. 1

ould star	OCCUPA		The same of the sa
sh	Jo		Option Street, Square,
mation should be carefully supplied. AGE should be stated E. CTLY. PHYSICIANS should state	CAUSE OF DEATH in Join terms, so that it may be properly classified. Exact statement of OCCUPA		
Hd .	Exact		Constitution of the last
r L	.pc		
CO	classifie		
田田	rly	ate.	
stated	prope	TION is very important. See instructions on back of certificate.	-
he	he	Jo	
should	it may	n back	
AGE	that	ions o	
ied.	ms, se	struct	
lddns	n teri	ee in	
fully	n Jaji	S. M.	
care	TH i	porta	
S. Se	DEA	HI.A	-
shou	OF	s ver	
tion	USE	NO is	
Bau	CA	TIC	
			4

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Catalises	Registration Dist. No.
Village or City Treas Prestan	No. St., Ward
Length of residence In city or John where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Grande andrews	
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced hospital of Mesley Ocealrenes	22. HEREBY CERTY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) each process.	Last saw h slive on alive 19 : death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
8. Trade, profession, or particular kind of work done, as SPINNER,	She drothed dead - 4005
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SII K MILL	medaille will gortee Lougs of Al
SAW MILL, BANK, etc	Theort She had general Feb 19
10. Date deceased last worked at this occupation (month and year)	Carterio dekrosos 1933
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Contributory Causes of importance:
II 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation notes Date of some
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Millie	23. If death was due to external pauses (VIOL ENCE) fill in also the following: Accident, suicide, or homoide?
(State or country)	Where did injury occur?
17. INFORMANT Vesley Gudreurs (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Door Cerce Date Feb. 22 19 53	Manner of injury
19. UNDERTAKER / Diryil Jecoor (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Z. FL. 1933 Lorses B. Harris	(Signed) (Byllardon M. D. (Address) roston hid
If more blanks are needed address Costs Projector	N. Chala Cara Baltima Barrer #1 C Na

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ARTERIOR

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH STATE OF MARYLA County Consider CERTIFICATE OF DEATH Registration Dist. No. tated EXACTLY coperly classified certificate. Village or Cit (If death occurred in RECORD Ward) a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE A DATE OF DEATH MARRIED WIDOWED, OR DIVORCED may (Write the word) (Month) (Day) (Year).... 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from BIN nstruction (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? 8 OCCUPATION ter (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondery (State or country) 10 NAME OF Address) OF FATHER the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death _yrs......ds. _yrs.....mos... (State or Country) Where was disease contracted, if not et place of death? TO THE BEST OF MY KNOWLEDGE Former or deval repidebel ACE OF BURIAL OR REMOVAL DATE OF BURIAL CIANS (Address) 20 MINDERTAKER ADDRESS If more blanks are needed, address ttate Registrar, 16 N. Seratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer whatever, write None. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term or

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset
1 week ago
1 week ago
3 days ago
1 year
_

STATE C	F MAR	YLAND-	-CERTIFICATE OF DEATH	551
County Caroline		-11344411		UUL
Village or City Harmony Length of residence in city or town where or		yrs. 1 mos	NO. St., If death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	Ward ber) ds.
2. FULL NAME Sarah W	illie C			
(a) Residence: No. Chopt	(Usual place	of abode)	St., Ward. If nonresident give city or town and Sta	ate
PERSONAL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	S. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, ED (write the word) OW	21. DATE OF DEATH February 2, 1933, 1933, 1933	93
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. S. 6. DATE OF BIRTH (month, day, and year)		953	22. HEREBY CERTIFY, That I ettended dec	eesed from
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, etm	
79 9	30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		ewife	Chronic myscarditis !	920
12. BIRTHPLACE (city or town) Pr (State or country)	eston Mary k a	ind	Other Contributory Causes of importance:	
置 13. NAME John Dillon				
(State or country)	reston,		Neme of operetion Date of What test confirmed diagnosis? Was there en auto	nev? ho
ដ្ឋ 15. MAIDEN NAME Unknow	n	H-LE-TS	23. If death was due to external causes (VIOLENCE) fill in also the following:	psyr
15. MAIDEN NAME Unknow 16. BIRTHPLACE (city or town) (State or country)	•		Accident, suicide, or homicide? Dete of injury	., 19
17. INFORMANT W. A. Cox (Address) Presto	n, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Choptank			Manner of Injury	
19. UNDERTAKER W. H. Holli (Address) Presto	s & Sor	l land	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed)	20

(Address) _.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal eause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	0	באואם	CERTIFICATE OF DEATH	1552
county Caroline			(158)	
Village or City Federals	9-1100		Registration Dist. No. V	147
Vinage of City	s. B. W. C.	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
Langth of residence in city or town whe	re death occurred	yrs mos	ds. How long in U.S. if of foraign birth?yrsm	osds.
2. FULL NAME Sames	Handel		ickerson,	
(a) Residence: No. Feden	Cals burg	hold,	St, Ward. If nonresident give city or town and	Suta
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	Dille
3. SEX 4. COLOR OR RACE Colored.	5. SINGLE, MARRIEI OR DIVORCED (2	price the word)	21. DATE OF DEATH (Month) (Day)	, 193_3
5a. If married, widowed, or divorced HUSBAND of		7		
(or) WIFE of			22. HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	S.an. 8"	1933	1 last saw her alive on Feb (193	death is said
7. AGE Yaars Months	Oays	If LESS than	to have occurred on the data statad above, at 11-A-m.	
- ~		day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None		Mal untilion	1/8/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			[]	1/
10. Oate dacaasad last worked at this occupation (month and yaar)	11. Total tima spent in occupati	this	(Physicise anknown)	-
12. BIRTHPLACE (city or town) Q	Rine Co.	LV/J	Other Contributory Causes of importance:	
13. NAME 12 85	ort But	Por		-
14. BIRTHPLACE (city or town)	rchester	Co.	Name of operation	-
(Otate of country)	EHIL	vd,	What test confirmed diagnosis? Was there an a	utopsy?
16. BIRTHPLACE (city or town)	7 1 00	son.	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)	teallays b	mid by	Accident, suicida, or homicide? Date of injury	, 19
17. INFORMANT Mary Ly	Bickerson	1.504	Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place TRACERS BURIAGE.	100	340, 1933	Mannar of Injury	
19. UNDERTAKER 5. Trans (Address) Federals		San	24. Was diseasa or injury in any way related to occupation of dacaased?	W
20. FILED Tel. 3rd 1933 3	Thomas	Hama	(Signad) Www.	M. D

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

N. B.-WRITE PLAN

V. S. No. 1

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	----------	----	-------

01553

I. PLACE OF DEATH		(10)	
County Caralin	1	Registration Dist, No. 62	-
Village or City Decel	ou	NoSt.,	War
Length of residence In city or town where dea		If death occurred in a hospital or institution, give its NAME instead of street and number	
00	in occurredyrs,mos	ds. How long in U.S. if of foreign birth?mos	0
2. FULL NAME Team	as frury.	Brager	
(a) Residence: No. WE	clow Zug.	St., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode) 7	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
recale white	OR DIVORCED (write the word)	193	6
5a. If married, widowed, or divorced Zam	meanied,	(Month) (Day) ((Year)
HUSBAND of (or) WIFE of	1 Dry Go	22. HEREBY CERTIFY, That I ettended decea	sed #
Till	- 7 - 180 Z	JN 5 ,19 to JN 9	19
6. DATE OF BIRTH (month, day, and year)		I last saw harmalive on AM 9 , 19 ; dea	th is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at	
81	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	-	The Meumma	e of onse
SAWYER, BOOKKEEPER, etc.	armer		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month end			
SAW MILL, BANK, etc	13 Total time (years)		
this occupation (month end	11. Total time (yeers) spent in this occupation		
10.1.		Other Contributory Causes of importence:	
(State or country)	von	-	
	- 1. Ja - leval	-	
5 11	Jeaper		
14. BIRTHPLACE (city or town) (State or country)	1000	Name of operation Dete of	
	1 and so	What test confirmed diegnosis? Was there en autops	y?
	Mewer.	23. If death wes due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town) (State or country)	ade facel	Accident, suicide, or homicide? Date of injury,	19
7	1. D. 1	Where did Injury occur? (Specify city or town, county and State)	
(Address)	Just 7	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	paresu	Manage of Latinus	
Place Precustino	Date / 7.66/2, 19 3.	Manner of Injury	
0 4/3		Neture of Injury	
19. UNDERTAKER (Address)	V-01,2	24. Wes disease of injury in any wey related to occupation of decessed?	
2 11 .2 9	all my	If so, specify (Signed) & White Hamiltonian Hamiltonia	
20. FILED 2 - 11 , 1933 /2 1	Registrar.	(Address) Quity m	M.
	Kegistrar.	" (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01554
1. PLACE OF DEATH	(39)
County Caroline	Registration Dist. No.
Village or City Choptank, Maryland	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give is 1421/12. Instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Erkureous F. Dunham	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE Married, Widowed, OR Divorced (write the word) Married Married	21. DATE OF DEATH 15th 1933 (Year)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of Emma F. Dunham	22. I HEREBY CERTIF Thet attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) June 11, 1865	Most saw h Low alive on Mel 8th 1933; death is seld
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, at. I.P. m.
67 8 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were estations:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc Laborer	theule nephriles be
9 Industry or business in which	followed by general 20
work wes done, es SILK MILL, SAW MILL, BANK, etc	dropsy 1
10. Date deceased lest worked et this occupation menth and 1932 spent in this occupation.	
12. BIRTHPLACE (city or town) Greenville, (Stete or country)	Other Contributory Canses of Importance:
	Show we were
14. BIRTHPLACE (city or town)	Neme of operation. PANSA: Date of ROW
(date of county)	Whet test confirmed diagnosis & Was there an autopsy? 220
15. MAIOEN NAME Phebe M. Bonham	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following.
15. MAIOEN NAME Phebe M. Bonham 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Emma F. Dunham (Address) Choptank, Md.,	Where did injury occur. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Plece Linchester Oete 2/16/ 1933	Nature of injury
19. UNDERTAKER W. H. Hollis & Son (Address) Preston. Md.	24. Was disease or injury in eny wey releted to occupetion of deceased?
20. FILED Fals 16., 1933 6 Jour 13/ Harris	If so, specify (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal eause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

FATHER

MOTHER

13. NAME

19. UNOFRTAKER

OCCUPA

(State or country) Adam Reigle. 14. BIRTHPLACE (city or town)

(State or country) KROWN! Medgadar. 15. MAIOEN NAME

16. BIRTHPLACE (city or town) ___ Ohis. (State or country)

17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL

J.T. Franpton & Sen.

Federalsburg. Nd. (Address)

What test confirmed diagnosis? Was there an autopsy?... 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____

Where did injury occur?____. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

24. Was disease or injury In any way related to occupation of deceased?__ If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ANENT RECORD. Every item of infor-PHYSICIANS should state xact statement of OCCUPA-ACTLY. properly classified. FOR BINDING stated Ex See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PE MARGIN RESERVED þe AGE should be ain terms, so that it may mation should be carefully supplied. CAUSE OF DEATH is ain terms, TION is very importa V. S. No. 1

N. B.

STATE OF MARTLAND	CERTIFICATE OF DEATH	11550
1. PLACE OF DEATH	(131)	0 4
County Caroline,	Registration Dist. No.	0
//	NDSt.,Steath occurred in a hospital or institution, give its NAME instead of street and	
1 - 21	ds. How long in U.S. if of foreign birth?yrs	nosus.
2. FULL NAME Withur & Hackey	***************************************	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town an	id State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Block 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word) Stugle,	21. DATE OF DEATH flub (Month) (Day)	., 193. 3 (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) Class 27-1864	I last saw beet alive on 716 - 133	death is said
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this securation (month and spent in this securation (month and spent in this	Chrome Indesdeed Heplande	o Whom
11. Total time (yeers) this occupation (month and see 16 4731 11. Total time (yeers) spent in this occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	(breuna)	2/33
13. NAME Willeam H Hastel		
13. NAME Nuleary H Harris 14. BIRTHPLACE (city or town) (State or country) Maryland,	Name of operation Date of What test confirmed diagnosis? Was there as	
15. MAIDEN NAME Mary & Throne, 16. BIRTHPLACE (city or town) (State or country) W ANY Desired	23. If death was due to external causes (VIOLENCE) fill in also the following	ing:
16. BIRTHPLACE (city or town) (State or country) Maryland,	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Charlie Harful (Address) Mary Lee Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	
18. BURIAL, CREMATION, OR REMOVAL Place MI June Md' Date Firs 19 ,1938	Manner of injury	
19. UNDERTAKER & Breezes buty my	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED 2/19, 133 al American.	(Signed) (Address) (Address) (Address)	ms M.D.
16 more blanks are needed address State Paristra	ALLE N Charles Street Beltimore Pequetting 7) S No -	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car To MINISTER 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago CITA TO THE PARTY OF THE PARTY Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(53)	
CountyCealalul	Registration Dist. No. 4	
Village or City Strengborg	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos.		
2. FULL NAME Grace O Viola	Mc Creary.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Turning (Month) (Day) (Year)	
5a. If married, widowed, or divorced		
(or) WIFE of Backle Mc Celeary	22. I HEREBY CERTIFY, Thet I attended deceased from	
6. DATE OF BIRTH (month, day, and yeer) Freb 5 5 188	I last saw h. M. elive on 7 M. L., 1933; deeth is said	
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	Sacona - left Jenus 7th 1932	
year) — — — — — — — — — — — — — — — — — — —	Other Contributory Causes of importance:	
(State or country) 2 13. NAME Select Beree		
13. NAME Select Series 14. BIRTHPLACE (city or town) (State or country) Perus	Name of operation Oete of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Justy Peigle 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?, 19, 19, 19	
17. INFORMANT Bulfly mc Creary (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Science book Oate Heb, 4, 19 3	Manner of injury	
19. UNOERTAKER J. Ling of July 19. (Address)	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED Ful 3 , 1933, L. Mar Pipers	(Signed) (Address) M. D. (Address) M. D. (Address) M. D.	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	558
1. PLACE OF DEATH		
County Caroline	Registration Dist. No.	
Village or City dueus buo.	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numi	
2 FILL NAME Frank . Kealan .		
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Normale	21. DATE OF DEATH (Oay)	93 \mathcal{G} (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Blanch Neal aux	22. 2/1 HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, and year) Seki 15. 1866	I last saw h www aliva on 3/16 1933; de	eath is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
66 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of enset
8 Trade, profession, or particular kind of work done, as SPINNER, Coal Muse's SAWYER RODKKEFEPP etc.		5
Kind of work done, as SPINNER, well must SAWYER, BODKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (most) and the second in this count in thi	(aremans & Sive	my.
work was dona, as SILK MILL, SAW MILL, BANK, etc		The same
and occupation (month and ///)		The state of the s
yaar) occupation LLL Victor	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) (Stata or country)	£	
	- Australian	******
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Vulkubu.	What test confirmed diagnosis? Was thera an autop	osv?
15. MAIOEN NAME Verkiour.	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of Injury	_, 19
17. INFORMANT Mrs. Blanch Vealence (Address) Green Gro. md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Place Successors Date Flub. RR 1938	Manner of injury	
Date 1900	Nature of Injury	
19. UNDERTAKER (10) Jameny (Address) Lieus Cyro Nyd:	24. Was disease or Injury in any way related to occupation of deceased.	
20. FILED 122 , 1933 all Smith Registrar.	(Signed) VCJ Selver (Address) Holdafres make	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ELECTIVE.			-4°.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ANENT RECORD. Every item of inforof OCCUPAxact statement CTLY. properly classified. BINDING VEY, WITH UNFADING INK-THIS IS A PE See instructions on back of certificate. FOR MARGIN RESERVED be earefully supplied. AGE should be ain terms, so that it may be CAUSE OF DEATH in TION is very importan mation should

N. B.—WRITE PLAN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county Caraline	Registration Dist. No. 4
Village or City Lucusbaro	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marriel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Peuden.	22. J. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) May 10 - 1869	I last saw her alive on February 11 19.3.3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2: 30 m.
63 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Housework, SAWYER, BOOKKEEPER, etc.	C) : 4.4
kind of work done, es SPINNER, Jonathor, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and control of the property o	Deabetes Melletus (9)
10. Date deceased last worked at this occupation (month and care 16 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance
(State or country), Delemore	Chronic Mycardiles 11
13. NAME Charles Kunemon,	1
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT James Prinder	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / Arelino on Ma.	Manner of injury
Place Aceers turo Md Date Feb, 14 1932	
19. UNDERTAKER (1 B) Rawlingo; (Addiess) Threews bro. Ind.	24. Was disease or Injury in any way related to occupation of deceased? 10
20. FIXED Feb. 13, 1933. L. Mad Paris	(Signed) Marker Hornbarger M. D. (Address) Alleusters M. D.
	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		19	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>40</u> 01560
county Caroline	Registration Dist. No. 10 H
Village or City Federals Perra	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME albert E. Poole	
(a) Residence: No. Tederal sturg Md (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX M. ale 4. COLOR OR RACE OR DIVORCED (write the word) Mar vied.	21. DATE OF DEATH Tell (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of T-Rovence M. Poole	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) May, 12" 1860	I lest saw here alive on 7th 20, 1923; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, et. 5. Hm.
72 9 12 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carfornter SAWYER, BOOKKEEPER, etc.	Jame or onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	acumin & Boyel 1932
10. Dete decessed last worked at this occupation (month and year) 1232 11. Total time (years) spent in this occupation 1232	
12. BIRTHPLACE (city or town) Caralana Co. (State or country)	Other Contributory Causes of importance:
II 13. NAME Samuel Poole,	
13. NAME Samuel Poole, 14. BIRTHPLACE (city or town) Caroline Co. (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there en eutops?
# 15. MAIDEN NAME Britannia Corkran.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Britannia Corkran. 16. BIRTHPLACE (city or town) Dor elegter Co. (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAS Florence M. Poole (Address) Federals Burg Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Federal strang Md, Date Fest & 6, 1933	Nature of injury
19. UNDERTAKER 5. T. Framptom & Som (Address) Federale Pring Md.	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED Feb. 24, 1933 5.5. Fram Stom. Registrar.	(Signed) M. D. (Address) Peollalum
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1 N. B. TION is very importan

STATE OF M	IARYLAND—CERT	IFICATE	OF [DEATH
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1.	2	p-	13	1
0	1	0	U	1

1. PLACE OF DEATH		(34)	01001
County Ceasalin		Registration Dist. No.	62
Village or City	claro. (1	NoNo	St., Ward
Length of residence in city or town where	death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME	Mallis		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or t	town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
Figure 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fels. (Month) (Day)	193 J (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	known	22. I HEREBY CERTIFY, Thet I	
		lest saw her alive on gan 26 ±	1933 ; death is seid
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importa	
8. Trade, profession, or particular		were as follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	touse word	Syllilis -	1927£
9. Industry or business in which work was done, as SILK MILL,		Surgandelis.	1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	11. Total time (years)	Withams (Benelial)	1832
this occupetion (month and year)	spent in this	/	
12. BIRTHPLACE (city or town) Person (State or country)	lour-	Other Contributory Causes of Importance:	
1	date		
13. NAME 14. BIRTHPLACE (city or town)		Name of operation	
(State or country)		What test confirmed diagnosis? Was t	
15. MAIDEN NAME %	data	23. If death was due to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	y, 19
State or country)		Where did injury occur?	
17. INFORMANT		(Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or in PU	BLIC PLACE.
18. BURIAN, CREMATION, OR REMOVAL	of O com	Manner of injury	
During from	Date 1 20 8 11, 19 3	Nature of injury	
19. UNDERTAKER Je Z.	loon	24. Was diseese or injury in any way related to occupation of dece	ased? Zw
(Address)	Deulan	If so, specify	
20. FILED 2-8 , 1933 /	m & 11 Yearge	(Signed) 9 Aux James	aut
	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	I Bass
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	1562
1. PLACE OF DEATH			(97)	1004
County Caroline,			Registration Dist. No. 64	
Village or City Tear Frie	niship		NoSt.,	Ward
Length of residence in city or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Tilghm	an Pratt	is,		
(a) Residence: No. Federal	Sburg, M. (Usual place of	d. R.F.T	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male, Color of RACE	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Feb. 16th., 18 (Month) (Day)	93 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Relle Pr	attis,		22. I HEREBY CERTIFY. That lattended dec	
6. DATE OF BIRTH (month, day, and year) A	ug. 8th.	. I863	I last saw h. escalive on Sel 162, 103; di	eath is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 3-P-m.	
39 6	3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ay labor	rer	Feb 4/6/33	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	on farm	,	Gen. Senilely	
10. Date deceased last worked at this occupation (month and year)	11. Total tir	me (years) t in this T_ifo	Onteriorselersses Duratifu 5 years	
12. BIRTHPLACE (city or town) Car (State or country)	oline C	o. MJ.	Other Contributory Causes of importance:	
E 13. NAME Join Fre	ittis,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	oline Co	•	Name of operation Date of	
(State or country)		Md.	What test confirmed diagnosis? Was there an auto	psy?
	Beulah,		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)(State or country)	reline (Md.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	., 19
17. INFORMANT Belle Pr	attis, sburg. N	vd. R.F.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg,			Manner of Injury	
19. UNDERTAKER J. T. Franct (Address) Faderalsh		n.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Teb. 17" 1933 5.	5. Frair	Potom	(Signed) Megal	M. D.

Registrar. If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmor or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. If the occupation has been changed But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic " "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature need disease; Measles; not be etc., of

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

01564

I. PLACE OF DEATH	(2.)
County Caroline	Registration Dist. No. 64
Village or City Federalskurg	NoSt.,Ward
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Itenzy Smit	P.
(a) Residence: No. Tederal Skura, M	St. Ward.
(Usual place of bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mare Color or RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Smith, deci	22. HEREBY CERTIFY That I attended deceased from
1801 - 1871	last saw h resilive on J, 1433; death is said
7. AGE Years Months Days If LESS	
about 56 - 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	in. were es follows:
SAWYER, BOOKKEEPER, etc. Say Larsver	
9. Industry or business in which work was done, as SILK MILL,	laturary upiculus 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and 1932 spent in this occupation	ile
12. BIRTHPLACE (city or town) Sulle Lolk.	Other Contributory Causes of importance:
(State or country) Virginia	
13. NAME No data	
13. NAME No data 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ves data.	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Preston Md R. F. T.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place teder als burg Md, Date tet, 6, 1	9.3.3. Nature of injury
19. UNDERTAKER 5. T. Fram Stom & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Faderalsburg, Mal	If so, specify
20 FILED Feb. 320 1933 5.5. Franchton	(Signed) M. D.
Regin	rdr. (Address) fellealoling

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LETAU	-		
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

19. UNDERTAKER

(Address)

1. PLACE OF DEATH	
	6 T
County Caraline Registration Dist. No. 65	
Village Or City Stells Vore No. (If death) occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence In city or town where death occurred yrs, mos ds. How long in U.S. if of foreign birth? yrs, mos.	ds.
(a) Residence: No	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Levelle 0R DIVORCED (write the word) Company (Month) (Day) (Year Company) (Month) (Day) (Year Company) (Year Company) (Month) (Day) (Year Company) (Year Company) (Month) (Day) (Year Company) (Month) (Day) (Year Company) (Month) (Day) (Year Company) (Month) (Day) (Year Company) (Year Company) (Month) (Day) (Year Company) (Month) (Day) (Year Company) (Month) (Day) (Year Company) (Month) (Month	f)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE or Welliam Blanchard Sparks 71. (22. 1 HEREBY CERTIFY, That I attended deceased 71. (22. 1933, to 71. 13. 19.	from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	s sald
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and separation this occupation (month and separation this separation this separation that separation this separation (month and separation this separation that separation (month and sepa	
O late deceased last worked at spent in this occupation (month and spant in this occupation (month and spant in this occupation occupation occupation occupation occupation occupation occupation other Contributory Causes of importance:	
12. BIRTHPLACE (city or town). (State or country) Treaspland. 19	28
13. NAME Herries Olevers arthur poleron 19 14. BIRTHPLACE (city or town) Nama of operation Date of	46+
What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Cerrical Country 16. BIRTHPLACE (city or town) 16. BIRTH	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OF REMOVAL A Such 4 Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrer.

Nature of Injury.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ST

	ND-CERTIFICATE OF DEATH	61565
line	Registration Dist. No. 4	1

1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 6 /
Village or City Massacl	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1 0 1 1-0	non-ong in o.o. i or loterga bittat
2. FULL NAME Usaal C. Milletier	
(a) Residence: No. Marydld Juda (Usual place of a bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male shill - Midoner	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2 10 1860	1 last saw have alive on Z . (0 = ,195 A; death is said
6. DATE OF BIRTH (month, day, and year) 3 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	to have occurred on the date stated above, at
9/ 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Were as follows: Ortion delerosis Date of onset
Salndustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
about the time	
12. BIRTHPLACE (city or town) We av Museus place (State or country)	Other Contributory Causes of importance:
13. NAME Donl- Krouse 14. BIRTHPLACE (city or town) Saut Krage	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Wary Wright	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wass WYTH	Accident, suicide, or homicide? Date of injury, 19
(State or country) Sauce - Russe	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LVA. J. Welving (Address) may dell may	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOTAL Place Very and Date Date 10, 103 3	Manner of injury
19. UNDERTAKER A B Nawlings (Address) Lieup boro Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Fest. 9, 1933 L. Mast Propriest.	(Signed) 1. R. Janethe M. D. (Address) Malydel Md -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Η.	M	mai	CA	TIC
S. No.	B.	-		
Ŋ.	zi (-	T)
		1	-	/

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01566
1. PLACE OF DEATH	2.3)
County Caruline	Registration Dist. No.
Village or City Marydul.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Coraine Winters:	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemue 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Wullio	22. I HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Sec. 21 - 1864	I last saw h alive on 1/9 1953; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
67 28 -1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of enset
8. Trada, profession, or particular / kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Tulusus Duberedores 1931
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and days) expant in this	
10. Data deceased last worked at this occupation (month and 1930 spant in this occupation year)	
12. BIRTHPLACE (city or town)	Dther Contributory Canses of Importance:
(State or country) Mo	Near Facture
13. NAME Perry Serbuer,	
13. NAME Ferry Seribuer, 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LACTORY 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jum Wullus (Address) Marydell; Md,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Place Date Fub. 21, 1933	Manner of Injury
19, UNDERTAKER & B. Rawlings (Address), while was born mile	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 130 , 133 all must	(Signed) A Solver M. D
Registrar. If more blanks are needed, address State Reviewar.	(Address) (Address N. Charles Street Baltimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis 4 5 4 1003	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V S	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year